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VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. GEN10 P-453

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Prabodh M. Dharia
Group Art Unit : 2673
Appln. No. : 10/775,434
Filing Date : February 10, 2004
Applicants : John K. Roberts et al.
For : VEHICLE INFORMATION DISPLAYS
Confirmation No. : 9417

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Request for Reconsideration
2. Claims as Amended Form

YOU SHOULD RECEIVE A TOTAL OF 16 PAGES.

3/28/06
Date

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Attorney Docket No. GEN10 P-453

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Dear Sir:

Enclosed is a Request for Reconsideration in response to the Office Action dated December 28, 2005.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*30	Minus	**30	=00	x \$25	\$00	x \$50	\$ 00
Independent Claims	*10	Minus	**10	=00	x \$100	\$00	x \$200	\$ 00
First Presentation of Multiple Dependent Claims \$180						\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$000

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.


Attorney Docket No. GEN10 P-453

**** The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. _____ No additional fee is required.
3. _____ A check in the amount of \$ _____ is enclosed.
4. _____ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of _____ to Deposit Account 07-1070.
5. ☒ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully submitted,

Date: March 28, 2006

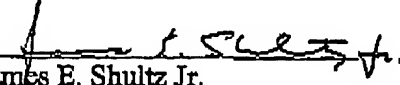

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Sir:

REQUEST FOR RECONSIDERATION

In response to the Office Action dated December 28, 2005 the Applicants offer the following response:

Please reconsider this application in light of the following remarks.

Remarks begin on page 2 of this paper.